



## Division of Emergency Management, Homeland Security Reimbursement Request

<b>Sub-grantee:</b>	<b>Address:</b>
<b>Project Title:</b>	<b>Grant #:</b>
<b>Prepared By:</b>	<b>Award Period:</b>
<b>Phone:(    )                      Email:</b>	<b>Reimbursement Period:</b>

**For electronic version, fill in only boxes that are in yellow.**

1. Total Award Amount	
<b>2. Expenditures- Total of this Request</b>	
3. Total Amount of Grant \$ Received to date	
4. Total Amount of Grant \$ Requested, Not yet Received	
5. Total Expenditures to Date	
6. Balance Available	

### PLEASE ATTACH THE SECOND SHEET THAT SHOWS A COMPLETE LIST OF EXPENDITURES

I certify that all expenses were incurred for the purposes of the grant. I certify that all expenditures listed in this report have been paid and are on file in the office record and are available for review or audit.

Project Director Signature:

CDEM Use Only:

\_\_\_\_ Yes \_\_\_\_ No    Required Quarterly Financial and Narrative Reports have been submitted to date.

\_\_\_\_ Yes \_\_\_\_ No    Reported Expenditures justify this REIMBURSEMENT request amount.

Amount Requested in line #2 above is \_\_\_\_ Approved      Modified to \$\_\_\_\_      \_\_\_\_ Denied

If denied, reason:

Program Specialist Signature:

Date:

**Submit Two Signed Forms with Original Signatures**